TYRONE P. JAMES V. YORK COUNTY POLICE DEPARTMENT, ET. AL.,

CASE ACTION NO. 01:01-CV-1015

EXHIBIT "6"

4168-0616-7306 ©1997, Moore® All Rights Reserved - 0305m

Page 2 of 7

### PHYSICIAN'S ORDERS

|                           |           | ACYU       |             |  |
|---------------------------|-----------|------------|-------------|--|
| Drug Aller                | gies:     |            |             |  |
| Self-Medic                | ation Pr  | ogram      |             | Radioner   |
| Date/<br>Military<br>Time | Prob<br># |            |             | JSE THIS SHEET A RED NUMBER SHOWS  |
| 5/2/04                    | BO        | Cardiac di | et - see    | flein  |
| 0875                      | ľi        | Brotin 6   | 60 mg po    | trd pm × 90d 7.7.04  |
|                           | 1         | BP V g 1   | ul x 6      | wh, then chart review e BP'S   |
|                           |           | LASA 325   | mg T        | po gd; may takett po gld fin   |
|                           |           | Elierlas   | L TT DO     | bid & foz Hall Z VIAN  |
|                           | \1        | Triam/He   | TZ 37.5     | 125 T po gol 3 x 1000  |
|                           |           | DP #1      | 10/04       | 10   |
|                           |           |            | <b>'</b>    | CollMD   |
|                           |           |            |             | CHRISTINA DOLL MD  |
|                           |           |            |             |  |
|                           |           |            |             |  |
|                           |           | no         | 10t 5-26    | PAR RACE RE: Backpain  1°/0 Crain AMA BED × 30 day  NO JANE DAVIS PAC  LL POINT PEN ONLY |
|                           |           |            |             | 7/3/04   |
| 7-2204                    | 8         | ( MD /11   | re Per      | pr Regirst RE: Backpain  |
| 0830                      | -Q        | ) Hydroc   | ortisone    | 1º10 Crain AAA BID X Boday   |
| 74                        |           |            | 24045       | WO N   |
| (Of                       | 77        |            | THI SAME () | 1 Dopin  |
|                           | 1,1,      | 10         | EASE VSE BA | LL POINT PEN ONLY  |
|                           |           | PL         | ease yse ba | NLL FUINT FEN UNLX   |

Document 200-8 Filed 10/05/2004 Page 3 of 7 Case 1:01-cv-01015-YK PHYSICIAN'S ORDERS James, Tyrone SKOH Drug Allergies: SUROC Self-Medication Program ☐ Yes Date/ Prob DO NOT USE THIS SHEET Military UNLESS A RED NUMBER SHOWS Time WHAT STANK Clem 10:1 JESTHONS 0925

PAST/PRESENT PROBLEMS (Do you now or have you ever had any of the following problems?)

| PROBLEM                | YES                                      | NO  | PROBLEM             | YES  | NO .             | PROBLEM                   | YES  | NO                                     |
|------------------------|--|---|---------------------|--|------------------|---------------------------|--|--|
| Hearing Loss           |  |   | Back Pain           | 1  | E VIII           | Asthma <sub>k 014</sub> E |  | 1                                      |
| Vision Problem         |  | 100 × 300 × 100 × | Voiding             |  |                  | Hypertension              | ب است  |  |
| Glaucoma               | -11-2                                    | V   | Thyroid Trouble     | The second secon |                  | Dizziness                 | 3 7 7 S 1 10 F 2   |  |
| Mult. Sex Partners     | 0  | Single Lift Co.   | Rheumatic Fever     | terment.   | of all the       | Gall Bladder              |  |  |
| Genital Herpes         |  | · 计图像   | Heart Murmur        | Property.  |                  | Diabetes Mellitus         |  |  |
| Syphilis               | · 100 000 000 000 000 000 000 000 000 00 |   | Hay Fever           | TO BE THE REAL PROPERTY.   | The Marie        | Cancer                    | ment plant in a province of the second of th |  |
| Gonorrhea              | 2,200                                    | - क्षान्त्र वर्षेत्र प्रश्नामा वर्षेत्र वर्षेत्र वर्षेत्र वर्षेत्र वर्षेत्र वर्षेत्र वर्षेत्र वर्षेत्र वर्षेत्<br>वर्षेत्र वर्षेत्र व   | Hepatitis           |  | A I              | T:B:                      |  |  |
| Venereal Warts         | The second of the                        | haya. Jangares A  | Tooth or Gum        |  | Armen California | HIV                       | C AND CONTRACTOR   |  |
| Blackouts              | * 1 * * * * * * * * * * * * * * * * * *  | reference were political.   | Anemia              |  |                  | Weight Loss               |  |  |
| Seizures               |  | 200 000 000   | Arthritis           |  |                  | Weight Gain               |  | ************************************** |
| Severe Headaches       |  |   | Ulcers              |  |                  | Head Injury               |  |  |
| Epilepsy               |  | 7 G 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | Pneumonia/URI's     |  | Å                | Frequent Colds            |  | <u> </u>                               |
| Pain/Pressure in Heart |  | 1000  | * Emphysema         |  |                  | Fractures                 |  |  |
| Pounding Heart         |  |   | Movement Difficulty |  |                  | Swollen Joints            |  |  |
| Kidney Trouble         |  |   | Paralysis           |  |                  | Painful Joints            | j grad j   |  |
| Blood in Urine         |  |   | Numbness            |  |                  | Joint Replacement         |  |  |
| <u>Hemorrhoids</u>     |  |   | Weakness            |  |                  | Night Sweats              |  |  |
| Lymph Nodes            | · .                                      |   | Pediculi            | ,  | ], /             | Hernia                    | 1.   |  |
|                        | i  | ' 🗸 - '   |                     | <u> </u>   | <u>'\' '</u>     |                           |  |  |

### DRUG USAGE (PAST AND PRESENT)

| (A) -1                 | YES  | NO |               | YES | l no    |
|------------------------|------|----|---------------|-----|---------|
| (check as appropriate) | 11.5 | 10 |               | 110 | 110     |
| Steroids               |      | /  | Barbiturates  |     |         |
| Alcohol                |      | D. | Tranquilizers |     |         |
| Heroin                 |      |    | Tobacco       |     | <u></u> |
| Marijuana              |      | V  | Amphetamines  |     |         |
| LSD                    |      |    | Cocaine/Crack |     | /       |
|                        | -    |    | T 1: 1        |     |         |

### METHOD OF DRUG USE

(Check as appropriate)

| Smoke  |   |
|--------|---|
| ΙV     |   |
| Inhale |   |
| Ingest |   |
|        | l |

| Amount and Frequency of drugs used:   | 00            | easural dunk                                       |  |
|---|---------------|--|--|
| When was the last time drugs were used? (Sp. Any visible signs of drug withdrawal? (extre | ecify<br>me p | erspiration, pinpoint pupils, shakes, nausea,etc.) |  |
| Any problems after discontinuation of drug t  | ise?          | (Convulsions, flashbacks, etc).                    |  |
| Comments:   | in a          |  |  |
|   |               |  |  |
|   |               |  |  |
| :   | 4             | 1  |  |
| -   |               | · ·  |  |
|   |               |  |  |

| INITI   | AL RECEPTION              | N SCREENI              | ING                | 204.                  |          |
|---|---------------------------|------------------------|--------------------|-----------------------|----------|
| eception Date 3/14/02 Soci  | al Security # 605-        | 26-381                 | 5 sci _            | Jyn_                  |          |
| ame Uames Tyrong  |                           |                        | I.D.#              | EX945                 |          |
| Last / O  | First Race (circle one):  |                        | M.I.<br>H A Nati   | ve Am. Other          |          |
| rivate Insurance: YES NO If yes, identification   | n number:                 |                        | Responsible part   |                       |          |
| eight 5/8// Weight 9/0  | BP 128/92                 | TPR                    | 985 -80            | -20                   |          |
| nterpreter needed: (circle one) YES NO  | Language: —               |                        |                    |                       |          |
| lext of kin:(name) Savere   | James                     | 0                      | _ Relationship:    | life                  | ,        |
| (address) $\frac{565}{65}$ $\frac{1}{100}$ $\frac{3}{100}$  | iket St. In/              | C/a 175                | (pho               | ne) 7/7-843-16        | 24       |
| AEDICAL HISTORY amily Physician:(name and address)  |                           |                        |                    |                       |          |
| Allergies: NKA  |                           |                        |                    |                       |          |
| Surrent Diagnosis: 1 Cholestol H7   |                           |                        |                    |                       |          |
| Current Medications (name, dosage, frequency)   | naxide 25                 | mg pog                 | d. Lope            | dborngi               | 13/1     |
| pecial Health Requirements (including Dietary):   | Lines                     |                        |                    |                       |          |
| 'ast Hospitalizations: (Date, Name & Location of H<br>Los Angeles Caly.  CAMILY HISTORY   | ospital, Reason(s) for ad | mission) [1783 o       | bruns Rt           | - St. July            |          |
| List family members who have had the following:   | one Unknown               | Father                 | Living<br>Deceased | Cause of Death        |          |
| Heart Disease/Attack High Blood Pressure Cancer (specify) Mother Cancer (specify) Mother Cancer (specify) Mother Cancer (specify) | (e)/2_                    | Mother                 | Living<br>Deceased | Canen<br>HTN<br>Canen |          |
| Blood Disease (specify) Arthritis Hepatitis   |                           | Siblings<br>Total No.5 | Living<br>Deceased | :                     |          |
| Epilepsy/Seizure Disorder  Sickle Cell Disease  TB  |                           |                        |                    |                       |          |
| 115   |                           |                        | \$                 |                       |          |
| Initial December Comments   | Inmate Name:              | JAM                    | ES, TYRONE         |                       |          |
| Initial Reception Screening Commonwealth of Pennsylvania Department of Corrections  | Inmate Number:            | EX9                    |                    |                       |          |
| DC-471  | DOB: Facility:            | 05/                    | 18/1962            |                       | <b>(</b> |

## MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES

|  |  |                                  | 1.800.882.6337 FAX: 724.349.2945  |   |
|--|--|----------------------------------|---|---|
|  | HOUR 1 2 3   | 4 5 6 7 8 9 70 71 72 73 74 1     | 15 16 17 18 19 20 21 22 23 24 25  | 26  27  28  29  30  31  <br>            |
| LACK LONDONARY COUNTY  |  |                                  |   |   |
|  |  |                                  |   |   |
| 1000<br>1000<br>1000<br>1000<br>1000<br>1000<br>1000<br>100  |  |                                  |   |   |
|  |  |                                  |   |   |
| and Laperdine  |  |                                  |   |   |
|  |  |                                  |   |   |
| (200)  | JS   |                                  | Lobboth w//// w// careayyp  | ンとが上できる                                 |
| INV. 5.5ER   | "AP"   | 8,8                              | 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,   |   |
| 1 Cop 2 1 Cop 2 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |                                  |   |   |
| DISCONTRUE   |  |                                  |   |   |
| ) It co  |  |                                  |   |   |
| 8 S S S S S S S S S S S S S S S S S S S  |  |                                  | #   |   |
| と感じてしなる。のので  |  |                                  |   |   |
| DISCONDING   |  |                                  |   |   |
|  |  |                                  |   |   |
| ACMALOGORER .  | HM   |                                  |   | Z.                                      |
| 4  |  |                                  | <ul><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li><li>(本)</li></ul> |   |
|  |  |                                  |   |   |
| who per Iman X 8KF   |  |                                  |   | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|  | Anj  |                                  | 3   |   |
| to my  |  |                                  |   |   |
|  |  |                                  |   |   |
| Jog for Imm. X8RF  |  |                                  |   |   |
| Signature Initial Sig  | nature Whatem of the 10th  | Initial Signature Dedwass Apa IX | Signature PN DT V   |   |
|  | A STATE OF THE PARTY OF THE PAR |                                  |   |   |
| OCATION . DATE OF BIRTH QQ SOC. SEC. NO. ALLER   | in i   |                                  | DIAGNOSIS   |   |
| WE AND NUMBER THE BOTTOM TO THE SECOND NUMBER TO TH | CANDON C   |                                  | CHARTING FOR THROUGH  |   |
| 大きないし しょうこく  | これである  |                                  |   |   |

# MEDICATION ADMINISTRATION RECORD



### DIAMOND PHARMACY SERVICES 1.800.882.6337 FAX: 724.349.2945

| WATE NAME AND NUMBER | OCATION<br>35                      |                               | Imitia Sig                  | JAPA I       | DISCONTINUE |                 | HIGHNAL STIDER | 15-Y    |     |             | ` | gini<br>gini | DISCONTINUE :         | 20                     | 31GINAL @ CEI          |                              | File<br>File             | DISCONTINE TO             | 10/0<br>10/0           | 05/ | 1/2/204 N. | OSCONTANE :   | 5/2 <b>6</b> 404 SU           | A HECE TANIBIE | Of MINIOS  | 2/24/04 EU                                | IGINAL ORDER              |
|----------------------|------------------------------------|-------------------------------|-----------------------------|--------------|-------------|-----------------|----------------|---------|-----|-------------|---|--------------|-----------------------|------------------------|------------------------|------------------------------|--------------------------|---------------------------|------------------------|-----|------------|---|-------------------------------|----------------|--|---|---------------------------|
| NUMBER               | DATE OF BIRTH OR SOC. SEC. NO. ALL |                               | Signature Initial Signature | ARTICUM KIVI |             | Triamemolony on |                | DAN DID |     | HC 10° Com. | , |              | TIMES DAILY AS NEEDED | TAKE 1 TABLET URALLY 3 | TRUPPOPEN SCOME TABLET | EEDED IN PLACE OF MOTRIN     | CATOMO A TIMES DATI Y AS | TAKE I TABLET DRALLY ONCE | 5/2204 DOLL, CHRISTINA |     |            | THE STATE ATTACKS OF THE STATE | SUD FOR: ETHERCON TABLET DOLL | i.i<br>m       | The state of the s | 5/26/04/898 FOR: MAXZINE-25KS TABLET DOLL | TRIAM/HCTZ 37.5/Z5 TABLET |
|                      | NECENTA COMMA                      |                               | е                           |              |             |                 | 8              |         |     |             | 7 |              | 404                   | r<br>N<br>N            | T A                    | Ž                            | , , ,                    |                           |                        |     |            | 147   |                               | Z<br>C<br>C    |  |   | BAM                       |
| FACILITY             | ALLERGIES                          | The particular and successive |                             |              |             |                 |                |         |     |             |   |              |                       |                        |                        |                              |                          |                           |                        |     |            |   |                               |                |  |   |                           |
|                      | GIES                               |                               | Initial Si                  |              |             |                 |                |         |     |             |   |              |                       |                        |                        |                              |                          |                           |                        |     |            |   |                               | -              |  |   |                           |
| 4                    |                                    |                               | Signature                   |              |             |                 |                |         |     |             |   |              |                       |                        |                        |                              |                          |                           |                        |     |            |   |                               |                |  |   |                           |
|                      |                                    |                               |                             |              |             |                 |                |         |     |             |   |              |                       |                        |                        |                              |                          |                           |                        |     |            |   |                               |                |  |   |                           |
|                      |                                    | AND TO STANK                  |                             |              |             |                 |                |         |     |             |   |              |                       |                        |                        |                              |                          |                           |                        |     |            |   |                               |                |  |   |                           |
| CHARTING FOR         |                                    |                               |                             |              |             |                 |                |         |     |             |   |              |                       |                        |                        |                              |                          |                           |                        |     |            |   |                               |                |  |   |                           |
| 101 / CA             |                                    |                               | e                           |              |             |                 |                |         |     |             |   |              |                       |                        |                        | 2 7.<br>2 2.<br>2 3.<br>3 3. |                          |                           |                        |     |            |   |                               |                |  |   |                           |
|                      |                                    |                               |                             |              |             |                 |                |         | _   |             |   |              |                       |                        |                        |                              |                          |                           |                        |     |            |   |                               | : -            |  |   |                           |
| 3.                   | DIAGNOSIS                          |                               |                             | <u> </u>     | 110         | 14              | 13             |         | 1   | 1           | 5 |              |                       |                        |                        |                              |                          |                           |                        |     |            |   |                               |                |  |   |                           |
|                      | 1000                               | OCIO                          | Signature Signature         | Cicnatura    |             |                 |                |         |     |             |   |              |                       |                        |                        |                              |                          |                           |                        |     |            |   |                               |                |  |   |                           |
| i                    |                                    |                               |                             |              |             |                 |                |         |     |             |   |              | :                     | -                      |                        |                              |                          |                           |                        |     |            |   |                               |                |  |   |                           |
|                      |                                    |                               |                             |              | -           | /               |                |         | - ( |             |   | -            |                       |                        |                        | -                            |                          |                           |                        |     |            |   |                               |                |  | -   | -                         |